



SIERRA COUNTY EMPLOYMENT APPLICATION

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Sierra County is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, gender identity, race, color, creed, religion, ethnicity, pregnancy, childbirth or related conditions, genetic condition, national origin, citizenship, disability, marital status, military status, or any other legally-recognized protected basis under federal, state, or local laws, regulations, or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on Sierra County. If you are an applicant with a disability, please inform the department in which you are applying if you need assistance completing any forms or to otherwise participate in the application process.

Instructions: A separate application must be completed for each Sierra County position for which you are applying. Supplementary information may be required by some departments. You may attach a résumé; however, you must also fully complete the application.

Sierra County does not have a Personnel Department. Please send the completed application directly to the department with which you are applying. Addresses can be found on the internet at www.sierracounty.ws.

Department: _____

Position: _____

1.	First Name	Middle	Last Name	

Address Mailing		City	State	Zip

Physical Address if Different		City	State	Zip

Telephone				

2. If you have ever been known by any other name, please list name(s).

3. Have you previously worked for Sierra County? ☐ Yes ☐ No

If yes, when? _____

4. Are you legally authorized to work in the United States? ☐ Yes ☐ No

(If hired, verification will be required consistent with federal law.)

5. Are you at least 18 years old? ☐ Yes ☐ No

(If you are not at least 18 years old, you will be required to provide a valid work permit if hired.)

6. How were you referred to the County?

7. During the past, have you ever been discharged, suspended, or asked to resign from any position or have you resigned knowing that you were going to be fired if you did not quit?
☐ Yes ☐ No

If "Yes", please explain.

8. Have you ever been convicted of a crime, excluding any juvenile offense that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? You should answer "No Record" with respect to any conviction for a marijuana-related misdemeanor if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial or post-trial diversion program.

☐ Yes ☐ No ☐ No Record

If you checked "Yes," please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

9. Essential Duties

Please review the "Essential Duties" of the position for which you are applying, listed on the Recruitment Announcement. Are you able to perform the essential duties, with or without reasonable accommodation? ☐ Yes ☐ No

EDUCATION AND EXPERIENCE

Please read the requirements section on the Recruitment Announcement before filling out this portion.

10. Education

Name and Location of High School	Diploma _____
	GED _____
	Other _____

Name and Location of College or University	Course of Study or Major	Semester Units	Quarter Units	Type of Degree Received

Business, Correspondence, Trade or Service School Name and Location	Course of study
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List any current work-related certificates of professional or vocational competence, licenses, or memberships in professional associations. (Include dates of completion if requested on the Recruitment Announcement and relevant to the position)

11. **References:** Please list three professional references who are not related to you by blood or marriage.

Name:	Address:	Phone Number:

12. **Experience:** Begin with your most recent experience. List all employment for previous 10 years. Give details on the experience that you believe meets the entrance requirements for the position. Also, list any volunteer experience that you believe helps you meet the requirements of the position for which you are applying. Show actual time (number of hours per week) spent in such experience. Attach sheets if additional space is needed.

Period of Employment	Job Classification and Most Important Duties Performed	Employer Information
From: ____/____/____ To: ____/____/____ Total: Years ____ Months ____ Hours Per Week: ____ Salary \$ ____ Per Month <input type="checkbox"/> Year <input type="checkbox"/>	Job Title: ____ Number of People Supervised: ____ Job Duties: Name of Supervisor: ____	Name and Address of Last Employer:
From: ____/____/____ To: ____/____/____ Total: Years ____ Months ____ Hours Per Week: ____ Salary \$ ____ Per Month <input type="checkbox"/> Year <input type="checkbox"/>	Job Title: ____ Number of People Supervised: ____ Job Duties: Name of Supervisor: ____	Name and Address of Last Employer:
From: ____/____/____ To: ____/____/____ Total: Years ____ Months ____ Hours Per Week: ____ Salary \$ ____ Per Month <input type="checkbox"/> Year <input type="checkbox"/>	Job Title: ____ Number of People Supervised: ____ Job Duties: Name of Supervisor: ____	Name and Address of Last Employer:

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initials

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the County.

Initials

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the County.

Initials

I authorize the County and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

Initials

I understand employment with the County is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initials

I understand that no representation, whether oral or written, by any representative or agent of the County, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the County has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the _____ or his/her authorized representative.

Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initials

I understand an offer of employment is conditioned upon complying with all of the County's requirements including, but not limited to, signing any requested consent for the County to conduct an investigation or obtain a report about my background.

Initials

For job applicants applying for a management or mid management position please read and sign the statement below

I expressly understand and agree that either the County or I may terminate my employment relationship with the County at any time, with or without cause or notice.

Initials

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature: _____

Date: _____